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Piper Marbury Rudnick & Wolfe  
 203 North LaSalle Street  
 Suite 1800  
 Chicago, Illinois 60601-1293  
 Telephone (312) 368-4000  
 Telecopier (312) 236-7516

Attorney Docket No.: P-6125Date: January 12, 2001

BOX: PATENT APPLICATION  
 ASSISTANT COMMISSIONER FOR  
 PATENTS  
 Washington, D.C. 20231

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Stephanie Warner-Wallace

Name (typed or printed)

*Stephanie Warner-Wallace*  
 Signature

Sir:

We enclose the following papers for filing in the United States Patent and Trademark Office  
 in association with a new patent application:

By: Evelyne LE STRAT, Catherine LERETAILE and Stéphane GOSNE

For: PROCEDES ET DISPOSITIFS DE TRAITEMENT POUR L'EMISSION DE  
 SYMBOLES D'INFORMATION SUR DES CANAUX MULTIPLEXES, ET DE  
 TRAITEMENT CORRESPONDANT POUR LA RECEPTION

- ☒ Patent Cover Page - 1 sheet.
- ☒ Application - 40 sheets; including 14 claims total.
- ☒ 8 sheet of drawings (informal).
- ☐ Declaration and Power of Attorney.
- ☐ An Assignment of the invention to \_\_\_\_\_, a corporation of  
 the State of \_\_\_\_\_.
- ☒ Benefit of the filing date of French Application No. FR 00 00494 filed January 14, 2000 is  
 claimed pursuant to 35 U.S.C. 119.

- ☐ A certified copy of \_\_\_\_\_, Application No. \_\_\_\_\_.
- ☐ A Verified Statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.
- ☐ An Information Disclosure Statement Under 37 CFR 1.97, including \_\_\_\_ references.
- ☒ The filing fee has been calculated as shown below:

	(COL. 1) NO. FILED	(COL. 2) NO. EXTRA	SMALL ENTITY	OTHER THAN A SMALL ENTITY
FOR:			RATE	FEE
BASIC FEE				\$ 710.00
TOTAL CLAIMS	14 - 20 =	*0	x 9 = \$	0 x 18 = \$ 0
INDEP CLAIMS	- 3 =	*0	x 40 = \$	0 x 80 = \$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+ 135 = \$	0 + 270 = \$ 0
* If the difference in Co. 1 is less than zero, enter "0" in Col. 2.			TOTAL \$	OR TOTAL \$ 710.00

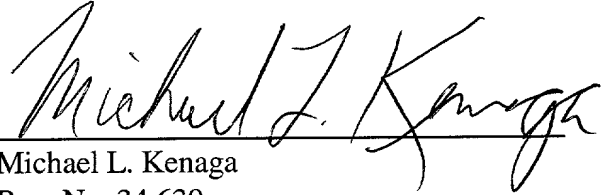
- ☒ A check in the amount of \$710.00 to cover the filing fees is enclosed.
- ☐ Please charge our Deposit Account No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_. A duplicate copy of this letter is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional filing fees that may be required under 37 CFR 1.16 for this application and for any amendment thereto, or credit any overpayment to Account No. \_\_\_\_\_. A duplicate copy of this letter is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. \_\_\_\_\_. A duplicate copy of this letter is enclosed.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ The Issue Fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

Please address all telephone calls to Michael L. Kenaga at telephone number (312) 368-8937.

Please address all correspondence to:

Michael L. Kenaga  
Piper Marbury Rudnick & Wolfe  
P.O. Box 64807  
Chicago, Illinois 60664-0807

Respectfully submitted,

A handwritten signature in cursive script, reading "Michael L. Kenaga", written over a horizontal line.

Michael L. Kenaga  
Reg. No. 34,639

FOR FIDELITY & SECURITY